



2025-2026

Student Health Insurance Plan: University of Detroit Mercy

Who can enroll?

Mandatory Status Students:

Students at the McNichols Campus holding an F1, F2, or J1 visa are required to have health insurance. A fee for the University's health coverage will automatically be added to their student account.

In some cases, the International Services Office (ISO) may grant an exemption. For more information or to request an exemption, please contact ISO.

Hard Waiver Status Students:

Students who live in residence halls or participate in athletics are required to have health insurance. A fee for the University's health coverage will automatically be added to their student account. To waive this coverage, students must submit proof of their own health insurance with comparable coverage by September 15. Once coverage is waived, the health insurance fee will be removed from the student's account.

Voluntary Students:

Students enrolled in in-person courses who do not fall under the Mandatory or Hard Waiver coverage categories are eligible to enroll in the University's health insurance plan. To participate, they must enroll by September 15, after which the insurance fee will be added to their student account.

Online-Only Students:

Students who are enrolled exclusively in online courses and do not fall into the Mandatory or Hard Waiver coverage categories are not eligible for the University's health insurance plan. These students may explore health insurance options through private providers. Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse and dependent children under 26 years of age.

The student (Named Insured, as defined in this Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

The eligibility date for Dependents of the Named Insured shall be determined

in accordance with the following:

1. If a Named Insured has Dependents on the date he or she is eligible for insurance.
2. If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
 - a. On the date the Named Insured acquires a legal spouse who meets the specific requirements set forth in the Definitions section of this Certificate.
 - b. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of this Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

Coverage periods, plan cost and deadline dates

	Annual	Fall	Spring
Waiver and Open enrollment dates	06/06/2025 to 09/30/2025	06/06/2025 to 09/30/2025	12/01/2025 to 02/15/2026
Coverage dates	08/20/2025 to 08/19/2026	08/20/2025 to 12/31/2025	01/01/2026 to 04/29/2026
Student	\$2,996.00	\$1,100.00	\$ 977.00
Student and Spouse	\$5,992.00	\$2,200.00	\$1,954.00
Student and One Child	\$5,992.00	\$2,200.00	\$1,954.00
Student and Two or More Children	\$8,988.00	\$3,300.00	\$2,931.00
Student, Spouse and Two or More Children	\$11,984.00	\$4,410.00	\$3,908.00

	Spring/Summer	Summer
Waiver and Open enrollment dates	12/01/2025 to 06/30/2026	03/30/2026 to 06/30/2026
Coverage dates	01/01/2026 to 08/19/2026	04/30/2026 to 08/19/2026
Student	\$1,896.00	\$ 919.00
Student and Spouse	\$3,792.00	\$1,838.00
Student and One Child	\$3,792.00	\$1,838.00
Student and Two or More Children	\$5,688.00	\$2,757.00
Student, Spouse and Two or More Children	\$7,584.00	\$3,676.00

Rates are subject to regulatory approval and may change.

25COL5051-1512-1



Plan resources at your fingertips

Enroll or Waive coverage www.rcmdstudentbenefits.com

View benefits, submit a claim and download your ID card via My Account uhcsr.com/myaccount

Find an in-network provider **Choice Plus**

Find a prescription drug provider **Optum Rx**

Value-added benefits and services (Student Assist¹, HealthiestYou², UHC Global³) uhcsr.com/myaccount

If you need language assistance: **Language Assistance**

Plan highlights

Metallic Level: Gold with actuarial value of **84.600%**

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$350 Per Insured Person, per Policy Year \$700 For all Insureds in a Family, Per Policy Year	\$8,150 Per Insured Person, per Policy Year \$16,300 For all Insureds in a Family, Per Policy Year
Out-of-Pocket Maximum <i>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.</i>	\$6,350 Per Insured Person, Per Policy Year \$12,700 For all Insureds in a Family, Per Policy Year	\$12,700 Per Insured Person, Per Policy Year \$25,400 For all Insureds in a Family, Per Policy Year
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	75% of Allowed Amount for Covered Medical Expenses	50% of Allowed Amount for Covered Medical Expenses
Prescription Drugs <i>Prescriptions must be filled at a UHCP network pharmacy. UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2 times the retail Copay up to a 90-day supply.</i>	\$6 Copay for Tier 1 \$40 Copay for Tier 2 \$60 Copay for Tier 3 20% Coinsurance per prescription for Preferred Specialty (\$200 maximum) Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	No Benefits outside of UnitedHealthcare Pharmacy
Preventive Care Services <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit www.healthcare.gov/preventive-care-benefits/ for a complete list of the services provided for specific age and risk groups.</i>	100% of Allowed Amount	Allowed Amount after Deductible
The following services have per service copays <i>This list is not all inclusive. Please read the plan certificate for complete listing of copays.</i>	Physician's Visits: \$ 20 after Deductible Medical Emergency: \$100 not subject to Deductible	Medical Emergency: \$100 not subject to Deductible

Questions about your plan?

Contact Customer Service at **1-800-767-0700**
or at **customerservice@uhcsr.com**

¹Student Assist services are provided through OptumHealth Behavioral Solutions and OptumHealth Care Solutions, UnitedHealth Group companies. The Student Assist is not a substitute for medical attention. If you have an emergency medical condition, you should call 911 or your local emergency services number. ²HealthiestYou and the HealthiestYou logo are trademarks of Teladoc Health, Inc., and may not be used without written permission. HealthiestYou does not replace the primary care physician. HealthiestYou does not guarantee that a prescription will be written. HealthiestYou operates subject to state regulation and may not be available in certain states. HealthiestYou does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. HealthiestYou physicians reserve the right to deny care for potential misuse of services. ³Non-Insurance Travel Assistance services are provided by or through United Healthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand. © 2025 United HealthCare Services, Inc. All Rights Reserved. The written materials contained in this document are a confidential property of UnitedHealth Group. Do not distribute or reproduce any materials without the express written consent of UnitedHealth Group. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2025-1512-1. For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force, please refer to uhcsr.com. NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance Policy issued by UnitedHealthcare. This document is a summary only and does not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant Policy of insurance. This document is not an insurance Policy document, and your receipt of this document does not constitute the issuance or delivery of a Policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual Policy of insurance. Benefits and rates described herein are subject to regulatory approval and may change.

**United
Healthcare**